Broadfield Care Services Ltd

Broadfield Care Services Limited

Inspection report

298 Union Road
Oswaldtwistle
Accrington
Lancashire
BB5 3JD

Tel: 01254879784
Website: www.broadfieldcare.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an inspection of Broadfield Care Services Limited on 24 and 25 October 2016. We gave the service 48 hours' notice of our intention to carry out the inspection. This is because the location is a community based service and we needed to be sure that someone would be present in the office.

Broadfield Care Services Limited is registered to provide personal care to people living in their own homes. The agency's office is located in the centre of Oswaldtwistle, close to all local amenities. The agency provides a service to people residing in the Hyndburn area. At the time of the inspection, 70 people were using the service.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We lasted inspected this service on 30 January 2014 and found it was meeting all legal requirements.

During this inspection, we found there was a breach of one regulation relating to the timely notification of specific events and incidents which had occurred in the service. You can see what action we told the provider to take at the back of the full version of the report. We also made two recommendations about the needs to assess generic risks associated with the operation of the agency and the analysis and evaluation of all information gathered as part of the quality assurance processes.

People using the service said they felt safe and staff treated them well. Appropriate recruitment checks took place before staff started work. There were sufficient numbers of staff to maintain the schedule of care visits and there were robust systems in place to ensure visits took place on time. Potential risks to people's health and well-being were assessed; however, we noted general risks connected to the service had not been carried out. Staff showed awareness of how to keep people safe and understood the policies and procedures used to safeguard people. Staff were also aware of the procedures to follow to ensure medicines were handled safely.

Staff told us they felt supported and received regular supervision and support from the senior supervisors. Staff confirmed they had received appropriate training, however, the training matrix was out of date.

Staff spoken with had an awareness of the Mental Capacity Act 2005 and people had signed a consent form to indicate their agreement for care to be provided in line with their care plan.

Where appropriate, people were supported to eat and drink and have access to healthcare services.

Staff were respectful of people's privacy and maintained their dignity. All people spoken with told us the

staff were kind and caring. People were involved in the development and review of their care plans. This meant people were able to influence the delivery of their care and staff had up to date information about people's needs and wishes. People told us they usually received care from a consistent group of staff.

People, their relatives and staff made positive comments about the way the agency was operated. However, we found the provider had not notified the commission of specific events and incidents occurring in the service in line with the current regulations. We also noted the information gathered during the quality assurance processes was not always analysed and evaluated in order to identify any trends and address any issues raised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff were knowledgeable in respect to safeguarding policies, procedures and reporting requirements.

People were enabled to take risks and measures were in place to minimise these risks. However, we noted a risk assessment had not been carried out to support the arrangements in place for one person's finances. We also recommended generic risks associated with the operation of the service were considered.

People's needs were met by a sufficient number of suitably recruited staff.

People's medicines were safely managed. However, not all instructions from the prescription labels had been transferred to the records.

Is the service effective?

Good

The service was effective.

Staff had the skills, knowledge and experience to deliver the care people required.

Staff were appropriately supported to carry out their roles effectively through induction, relevant training and regular supervision.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

Where appropriate, people were supported to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health.

Is the service caring?

Good

The service was caring.

People were involved in making decisions about their care.

People were treated with kindness and respect. They were encouraged and supported to be as independent as they wished to be.

People's choices and preferences were respected.

Is the service responsive?

Good

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs. Staff were aware of people's preferences and how best to meet their needs.

People were involved in their care planning, decision making and reviews.

There was a system in place to handle and investigate complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had failed to notify the commission without delay of specific incidents and events occurring in the service.

Whilst there were quality monitoring systems in place, we recommended all information gathered during the quality monitoring process is appropriately analysed and any issues are fully addressed.

People, their relatives and the staff made positive about the service and the way it was managed.

Broadfield Care Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 25 October 2016. We gave the service 48 hours' notice of our intention to visit to ensure someone was available at the time of the visit. The inspection was carried out by one adult social care inspector.

Before the inspection, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

During the inspection we spoke with nine people using the service, four relatives and four members of staff over the telephone. We also spoke with the registered manager, the administration manager, the care manager, the training manager, the care coordinator and two senior supervisors.

We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, medicine administration records, staff training records, three staff recruitment files, staff supervision and appraisal records, quality assurance audits, incident and accident reports and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People spoken with told us they felt safe and reassured by the staff who provided their care. One person told us, "I feel absolutely safe. All the staff are very nice and they make sure everything is safe before they leave" and another person commented, "I cannot fault the staff at all. I can rely on them totally." Similarly relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. One relative told us, "The staff are brilliant. [Family member] is very safe in their hands. I trust them completely." Staff told us people's safety was of key importance and described the steps they took to maintain people's safety. For example staff told us they made sure people were safe before they left their property and ensured all doors were secure.

Prior to the inspection, we sent out a satisfaction questionnaire to people and their relatives to seek their views on the service. All people who responded indicated they felt safe from harm or abuse from the staff.

We looked at how the service protected people from abuse and the risk of abuse. We found there was an appropriate policy and procedure in place which included the relevant contact details for the local authority. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidences of abuse and were confident the management team would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff confirmed they had completed safeguarding training.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the agency.

Risks to people's safety and wellbeing were assessed and recorded. Each person's care record included an individual risk assessment, which had considered risks associated with the person's environment, moving them safely, equipment, their care, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm. The assessments were updated every three months or more often if people's needs or circumstances changed. Staff told us they made observations at each visit to identify any changes or new risks that may occur. They told us these would be reported to the senior supervisors immediately. They also confirmed whenever they had reported a change, prompt action had been taken to reassess the risk and amend the care plan.

Some people required assistance with shopping. We found there were appropriate procedures for the staff to handle their money and people told us they were satisfied with the arrangements in place. We saw there were records of all financial transactions and the staff obtained receipts for any money received and spent. However, we noted in one instance staff had developed an arrangement with a person which had not been approved by the registered manager. Whilst the person completed a consent form during the inspection, we noted there was no risk assessment or information in the person's care plan to support the specific arrangements in place. This is important to ensure the person's rights and interests are fully protected.

Since the inspection the registered manager has informed us they intend to ask people during all initial assessments if they require specific support with their financial arrangements. The registered manager also informed us they had modified the consent form to include nominated members of staff.

Whilst we saw individual risk assessments on people's file during the inspection, we did not see any generic risk assessments. These are important to identify and manage any general risks associated with the main operation service, for instance, lone working and the prevention and control of infections. Following the inspection, the registered manager sent us a series of risk assessment forms; however, none had been completed. We were therefore unable to assess if generic risk assessments had been carried out.

We recommend the service seeks advice and guidance from a reputable source to ensure all generic risks connected to the operation of the agency have been identified, assessed and managed.

Staff knew how to inform the office of any accidents or incidents. They said that after dealing with the situation they completed an accident or incident form. The management team viewed all accident and incident forms, so they could assess if there was any action that could be taken to keep people safe and prevent further occurrences. We saw completed accident and incident records during the inspection and an overall log.

People and their relatives told us the staffing levels were sufficient and they usually received care and support from a consistent group of staff. Duty rotas were prepared in advance and a member of the management team told us new care packages were not accepted unless there were an appropriate number of staff available to cover the visits. Staff said they usually had enough time to travel between visits without rushing. This meant there were systems in place to ensure staff were at the right place at the right time. People confirmed the staff usually arrived on time and did not cut the visit short. One person said, "The staff have never let me down and if they are slightly late they will ring me and let me know."

Staff were allocated to support people who lived near to their own locality. This reduced their travelling time, and minimised the chances of staff being late for visit times. Staff confirmed they used the telephone monitoring system so office based staff could track visits and check these had been made at the required time. This meant a prompt response could be made in the event of a late arrival time. At the time of the inspection there was no history of missed visits in the preceding months.

We reviewed the arrangements in place to recruit new staff. We looked at three staff files and noted potential employees completed an application form, which enabled gaps in employment history to be examined. Staff told us about their recruitment and the documents they had to supply. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. References were obtained along with an enhanced police check from the disclosure and barring service (DBS). An interview was held and notes of the candidate's responses were recorded to support a fair process. Staff told us about their recruitment and the documents they had to supply. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed.

People and staff had information about what to do in an emergency. Staff confirmed systems were in place for out of hours support from the senior supervisors and management team either over the telephone or in person if needed. People's care records also contained information about services which staff might need to contact in an emergency such as next of kin and emergency services.

There was a system in place to manage medicines. People told us they were happy with the support they received and confirmed staff administered their medicines at the correct times. A full list of people's medicines was included in their care plan. We noted records had been maintained for the administration of medication. However, we noted not all instructions from the prescription labels were recorded in the care file. This is important so staff are aware of any specific instructions associated with a medicine. Following the inspection, the registered manager confirmed they were in the process of updating the medicine administration records.

Staff confirmed they had received training on the safe handling of medicines and their competency was checked during regular spot checks of their practice. Guidance for staff on how to support people with medication was included in the care plan as necessary, along with information on the management of any risks associated with their medicines. Staff also had access to a set of policies and procedures which were available for reference.

Good

Is the service effective?

Our findings

People felt the staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person said, "The staff are great. They are so obliging and will do anything to help" and another person commented, "My regular carer is excellent. She is very good at her job and always does everything very well." Relatives spoken with also expressed confidence in the staff team, one relative stated, "The staff are helpful and friendly. I can talk to them easily and I trust them completely."

We looked at how the provider trained and supported their staff. Staff told us a strong emphasis was placed on training in order to help them meet the needs of people using the service. One member of staff told us, "They are very keen on all us being well trained and there is training on all the time." However, on looking at the training matrix we found this had not been updated in line with the training provided. All staff completed induction training when they commenced work with the agency. This included an initial induction on the organisation's policies and procedures, the provider's mandatory training and where appropriate the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We spoke with a new member of staff who commented, "My induction was absolutely brilliant. The training was in great detail."

New staff shadowed experienced staff to become familiar with people's needs and preferences. All new staff completed a probationary period, during which their work performance was reviewed at regular intervals. Staff were also allocated a mentor to help them settle into their new role. Regular contact with the mentor continued for all staff employed by the agency.

There was a training programme in place for staff, which included safeguarding vulnerable adults, health and safety, food hygiene, moving and handling, infection control and medicines administration. Staff also completed specialist training on end of life care, dementia awareness, dignity in care and stoma and catheter care. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us their training was beneficial to their role.

Staff confirmed they were provided with regular supervision and they were well supported by the senior supervisors and the management team. The supervision sessions provided opportunities for staff to discuss their performance, development and training needs. We saw records of supervision during the inspection and noted a variety of topics had been discussed. The training manager carried out an annual appraisal of each member of staff's work performance. We saw a sample of all relevant records during the inspection. This meant the staff received regular support and feedback to enable them to carry out their roles effectively.

A staff handbook was provided to staff which included information on confidentiality, the code of conduct and terms and conditions of employment so staff knew what was expected of them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We found from looking at individual care files that each person had a mental capacity assessment form, which identified if the person was able to make their own decisions. We also saw the agency had appropriate policies and procedures on the MCA. Staff spoken with had a basic understanding of the principles of the Act and understood the need to ask people for consent before carrying out care. We saw consent forms were used by the agency to demonstrate people's consent for care to be provided in line with their care plan and where necessary to staff assisting with their medicines. Most people using the service were able to consent to their care and support. However, the registered manager said one person's people's health needs meant they did not have capacity to make decisions about all aspects of their care. Where required, their relatives and social care professionals were involved in ensuring any decisions to provide care were in the person's best interest.

People were supported to maintain a healthy diet where this was part of the care plan. Staff told us they assisted people to choose what they wanted to eat and drink before preparing it. People were satisfied with the support they received and confirmed staff prepared and cooked food to a good standard. For people who had limited mobility staff told us they ensured drinks were left within their reach and made sure they had access to drinks throughout the day.

We looked at the way the service provided people with support with their healthcare needs. We found staff were given guidance in people's care plans, on how to monitor and respond to healthcare symptoms. The plans also contained important telephone contact details for people's GP and next of kin. This helped staff to liaise with people's relatives and health and social care professionals if they had concerns about people's health or well-being. The registered manager and management team told us they worked closely with healthcare professionals such as the district nursing team to ensure people received coordinated and effective care.

Good

Is the service caring?

Our findings

People were complimentary of the care and support they received. One person told us, "They (the staff) are absolutely excellent. They are so polite and caring and they all treat me so well" and another person commented, "I have a brilliant relationship with the staff. We all get on so well together." Similarly relatives spoken with praised the approach taken by staff, one relative said, "The carers are real carers. They are respectful and treat us with dignity."

People were treated with kindness and compassion. All those responding to our questionnaire confirmed staff were caring and kind. Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they provided support and promoted people's independence and choices. One member of staff told us, "It's very important that people are helped to be as independent as possible so they can continue at home and have a good life." This approach was reflected in people's comments, for instance one person told us, "They are always patient and don't ever rush me. This really helps me to try things for myself."

The staff spoken with were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. They told us they visited people on a regular basis which helped them get to know the person and how best to support them. Wherever possible, people were involved in decisions about their care and their views were taken into account. This told us people's comments were listened to and respected. Staff were flexible and covered each other's sickness and absence to make sure people were looked after by staff who knew them and their needs.

We noted each person's file contained information about their physical, psychological, social and cultural needs as well as their interests and hobbies. The process of developing care plans helped people to express their views and influence the delivery of their care. People using the service told us staff had time to ask them about their preferences and were flexible in their approach. One person told us, "They (the staff) always make sure I am okay and ask me if I need anything before they leave."

All people spoken with told us the staff respected their rights to privacy and dignity. One person explained the sensitive approach taken by staff when they were assisting them with personal care. The person commented, "They are always professional and make sure I am covered up and the door and curtains are closed." People confirmed staff entered their house in the agreed way and they were respectful of their belongings. Staff had access to policies and procedures on maintaining people's privacy and dignity whilst providing care and support.

People enjoyed visits from the staff. One person told us, "I have a good friendship with the staff and enjoy their company" and another person commented, "I am very well looked after by my carer. She is absolutely marvellous. I would give her ten out of ten." Staff told us they found their role rewarding and spoke of people in a warm and compassionate manner. One member of staff commented, "I really love my job. It is very rewarding and the people I visit are lovely."

People told us they were able to express their views on the service on an on-going basis, during care plan reviews and the annual satisfaction questionnaire. People were given an information file, which contained a service user guide as well as their care plan documentation. The service user guide provided a detailed overview of the services provided by the agency. We noted this document contained information on people's rights and what they could expect from the agency. The guide also contained information about advocacy services.

Good

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs and they were happy with the care and support provided by staff. One person told us, "After they have done all their jobs, they always ask me if there is anything else they can do" and another person commented, "I feel they go above and beyond to help me wherever they can." A relative also told us, "The carers are very understanding and have got to know us very well. They know what we what done and how we like it done."

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. We examined five people's care files and other associated documentation. We noted an initial assessment of needs was carried out by a senior supervisor before people used the service. People spoken with could recall meeting with a representative from the agency to discuss their needs and confirmed they were asked how they wished their care to be delivered. We looked at completed assessments during the inspection and noted they covered all aspects of people's needs. Following the initial meeting, a care plan was developed with the involvement of people using the service. It was part of usual practice for the senior supervisor to carry out at least the first care visit with the new person. This meant the person had continuity and the senior supervisor could assess the person's needs in practice.

All people spoken with were familiar with their care plan and confirmed they had been fully involved in the development and review of their plan. The plans identified people's needs and provided guidance for staff on how to respond to them. The care plans were supported by a series of risk assessments and included people's preferences and details about how they wished their care to be provided. There was documentary evidence to demonstrate the plans had been reviewed at least every three months or more frequently if there had been a change in need or circumstance. The care plans had been explained to people and wherever possible they had signed to indicate their agreement to the plan. However, we noted one person had not got a care plan. The management team made immediate arrangements to devise a care plan in consultation with the person. We saw the completed care plan on the second day of our visit.

Staff told us they used the care plans to help them understand people's needs and confirmed they frequently referred to them during the course of their work. They said they were confident the plans contained accurate and up to date information. They also said there were systems in place to alert the senior supervisors of any changes in needs in a timely manner.

A record of the care provided was completed at the end of every visit. This enabled staff to monitor and respond to any changes in a person's well-being. The records were returned to the office at regular intervals for archiving. All records were read when they returned to the office to identify any concerns with the person's care and to ensure staff were completing the records appropriately. We looked at a sample of records and noted people were referred to in a respectful way.

People were supported to access activities in the community in line with their care plan. We noted details of people's social interests and hobbies were included in their care files. This helped the staff to initiate meaningful conversations.

People using the service had been provided with clear information about how to contact the agency during the day and out of hours. This meant that people and staff had access to support and advice whenever necessary.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of the care staff or senior supervisors if they had a concern or wished to raise a complaint. One person told us, "Whenever I ring the office they are always very helpful and sort everything out quickly." Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were confident the management team would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed and investigated. The complaints procedure was incorporated in the service user guide and included the relevant timescales for the process to be completed. The registered manager confirmed she had received no complaints about the service.

The management team, senior supervisors and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a consistent coordinated service. For instance in the event of a medical emergency, whilst providing care essential information including details about the person's medicines was given to ambulance staff.

Requires Improvement

Is the service well-led?

Our findings

People, their relatives and staff spoken with told us the agency ran smoothly and was well organised. One person told us, "The service suits me completely. I am completely satisfied" and another person said, "I can't fault Broadfield at all. They have all been very good to me." Similarly a relative told us, "The service is brilliant. Everything is really good, I can't think of anything they could better" and a member of staff commented, "They are the best company I have ever worked for. I absolutely love working for them."

All registered persons have a statutory duty to notify the commission without delay of specific events and incidents which occur in the service. However, we found that whilst the management team had reported an alert to social services in the last 12 months under safeguarding vulnerable adults' procedures, the commission had not been notified of the incident in line with the current regulations.

This is a breach of regulation 18 the Care Quality Commission (Registration) Regulations 2009.

We were assured by the registered manager that the notifications would be submitted retrospectively following the inspection.

There was a registered manager in post at the time of the visit; however, day to day operation of the service was managed by the general manager and the management team. The registered manager explained she intended to retire shortly and there were plans in place for the general manager to apply for registration. Whilst people were satisfied with the management of the agency, they were unaware of the registered manager and her role in the agency. Following the inspection, the registered manager advised us arrangements would be put in place to inform people using the service about the management structure.

Whilst there were systems in place to monitor the quality of the service; we noted there were some shortfalls. For instance, whilst records had been made of all accidents and incidents and an overall log had been collated, an analysis had not been carried out in order to identify any patterns or trends. Similarly, people's minor concerns and been logged, however, there was no evaluation or analysis of the concerns in order to identify any common themes. This is important to highlight any learning points and any action which could be taken to minimise the risk of reoccurrence.

We saw there were arrangements in place to provide staff with appropriate training; however, the staff training matrix was out of date. This is a useful tool to check staff have completed their training in a timely manner and plan for future training.

People were asked for their feedback on the service during the three monthly review of their care plan, telephone calls from the management team and an annual satisfaction questionnaire. We noted the last survey was distributed in August 2016. We looked at a sample of the returned questionnaires and noted some people had made positive comments. However, some respondents had indicated some aspects of the service were satisfactory as opposed to "good" or "very good" and we saw one person had made a suggestion for improvement. We saw the results had been collated, but an action plan had not been drawn

up and feedback on the results had not been given to people using the service.

We recommend the service seeks advice and guidance from a reputable source to ensure all information gained as part of the quality assurances systems is appropriately analysed and any issues raised are responded to.

Following the inspection, the registered manager informed us they had sought advice in order to develop the quality assurance systems. We will therefore look at any improvements on our next inspection of the service.

The registered manager told us she was committed to the on-going improvement of the service. She described her achievements over the last 12 months as updating the policies and procedures, the successful recruitment of new staff and retention of existing staff and the delegation of specific responsibilities to the management team. The registered manager also described the priorities for the next 12 months as implementing a quality self-assessment programme, reviewing the care plan format and upgrading the computer systems.

We saw regular unannounced spot checks were undertaken to review the quality of the service provided. This included observing the standard of care provided and visiting people to obtain their feedback. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes. Visits to people's homes were checked using the telephone monitoring system.

We found staff were enthusiastic and positive about their work. They told us they were well supported by the senior supervisors and had a good working knowledge of their role and responsibilities. In addition to supervision and appraisal meetings staff were invited to attend meetings which were held twice a year. We saw the minutes from the meeting held in May 2016 and noted the discussion covered all aspects of the operation of the service. Staff achievement was recognised in awards conferred on a monthly and annual basis. They were also given written feedback on compliments received about their work and practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the Commission without delay of abuse or allegation of abuse in relation to a service user. Regulation 18(1)(2)(e).